

Office of the Corrections Ombudsperson

**State Prison Inspection Checklist**

Name of Facility: South Woods State Prison

Address: 215 Burlington Road South

City/State/Zip Code: Bridgeton, NJ 08302

Telephone Number: 856-459-7000

Administrator or Designee: Johh Powell, Administrator

Date of Inspection: May 13, 2021

Conducted by: John Blakeslee

Title: Assistant Ombudsperson

Conducted by: Kristin King

Title: Assistant Ombudsperson

Type of Inspection:    Scheduled ☒    Unscheduled ☐

Housing Unit: 1-1L

Capacity:	Total:	124	Male:	124	Female:	0
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Inspection date population:	Total:	111	Male:	111	Female:	0
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Number of cells:	58	Single:	0	Double:	54	Triple:	0	Quadruple:	4
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Number of beds:	124	Other:	
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How many Custody Staff members were on the unit at the time of the inspection? 1

Did the Administrator/Designee or Custody Supervisor accompany you during the inspection?

YES ☒    N/A ☐    NO ☐

Name of staff member:    Jordan Thomas  
   Scott Abbott

Title:                      Assistant Superintenen  
   Major

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**I Living Conditions**

- 1.) Does the bedding include a mattress cover or sheet? YES ☒ N/A ☐ NO ☐
- 2.) Is bed covering appropriate to the season? YES ☒ N/A ☐ NO ☐
- 3.) Do all beds contain a pillow? YES ☒ N/A ☐ NO ☐
- a. Number of beds without a pillow: 0
- 4.) Do all beds contain a mattress? YES ☒ N/A ☐ NO ☐
- a. Number of beds without a mattress: 0
- 5.) Do all inmates have access to hot and cold water? YES ☒ N/A ☐ NO ☐
- 6.) Do all inmates have access to a properly functioning toilet? YES ☒ N/A ☐ NO ☐
- 7.) Are restrooms and showers visibly clean and free of mold and mildew? YES ☒ N/A ☐ NO ☐
- 8.) Do all inmates have access to a telephone? YES ☒ N/A ☐ NO ☐
- 9.) Is the unit comfortably heated or cooled according to the season? YES ☒ N/A ☐ NO ☐
- 10.) Are all windows operable? YES ☐ N/A ☒ NO ☐
- 11.) Do common area floors appear to be neat, clean, and free of any obstacles? YES ☒ N/A ☐ NO ☐
- 12.) Do all areas appear to be free of insects or rodents? YES ☒ N/A ☐ NO ☐
- 13.) Are all openings to the outside protected to prevent entrance of insects or rodents? YES ☐ N/A ☒ NO ☐

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- 14.) Does the lighting on the unit appear to be appropriate? YES ☒ N/A ☐ NO ☐
- 15.) Does the unit contain inmate telephones? YES ☒ N/A ☐ NO ☐
- 16.) Are all telephones in working order at the time of inspection? YES ☐ N/A ☐ NO ☒
- 17.) Does the unit contain a JPAY kiosk? YES ☒ N/A ☐ NO ☐
- Amount of JPAY kiosks: 2
- 18.) Is/are the JPAY kiosk(s) working properly at the time of inspection? YES ☒ N/A ☐ NO ☐

**II Food Service**

- 1.) Are meals served in the housing unit YES ☒ N/A ☐ NO ☐  
or dining hall? YES ☐ N/A ☐ NO ☒
- 2.) Are heated or insulated carts or trays used for the Transportation of food from the kitchen? YES ☒ N/A ☐ NO ☐
- 3.) Are food and drinks protected from contaminants during delivery? YES ☒ N/A ☐ NO ☐
- 4.) Are divided compartmented trays utilized for meal service? YES ☒ N/A ☐ NO ☐
- 5.) Are the divided compartmented trays in satisfactory condition? YES ☒ N/A ☐ NO ☐
- 6.) Are Food Service Staff and inmates handling food wearing appropriate safety gear such as hair nets and gloves? YES ☒ N/A ☐ NO ☐

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**III Sanitation**

- |  |   |                              |                             |
|--|---|------------------------------|-----------------------------|
| 1.) Are non-carpeted floors swept and mopped with detergent or germicidal agent at least once daily?           | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2.) Are germicidal cleaning agents used on the floors, showers, and food service areas?                        | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3.) Are the windows clean?   | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.) Are all areas free of trash and debris?  | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5.) Are cleaning implements and equipment cleaned, dried, and securely stored after use?                       | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6.) Are common area toilets, washbasins, showers, and sinks sanitized daily?                                   | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7.) Is trash and garbage contained and disposed of in a sanitary manner?                                       | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8.) Are sheets, pillow cases and mattress covers changed and washed at least once a week?                      | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9.) Are vinyl covered mattresses washed with hot water, detergent and disinfected monthly?                     | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10.) Are blankets laundered or sterilized at least once every six months pursuant to the N.J.A.C. 10A:14-5.12? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11.) Does the facility have an established rodent, pest and vermin control program?                            | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12.) Do all inmates have access to cleaning supplies for use in their cells/dorms?                             | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |

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**IV Safety**

- |  |   |                              |                             |
|--|---|------------------------------|-----------------------------|
| 1.) Are fire extinguishers readily accessible to staff, but not inmates?   | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2.) Are fire extinguishers examined at least once a year and tagged with the date of inspection and initials of the inspector? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3.) Are working cameras visible on the unit?   | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.) Do all inmates have two masks at this time?  | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5.) Are all staff wearing masks properly?  | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |

**V General**

- |  |   |                              |                             |
|--|---|------------------------------|-----------------------------|
| 1.) Are the appropriate forms utilized by the inmate population available on the housing unit? | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>MR007 Sick Call Request Form</i>  | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>MR022 Medical Records Request Form</i>  | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>Inmate Inquiry Form</i>   | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>Inmate Grievance Form</i>   | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>Property Claim Form</i>   | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>Law Library Request Form</i>  | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>Social Services Request Form</i>  | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>GTL Telephone Discrepancy Form</i>  | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>Office of the Corrections Ombudsperson Request For Assistance Form</i>                      | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2.) Do all inmates have access to the appropriate forms?                                       | YES <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | NO <input type="checkbox"/> |

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***Inspector's comments:***

The inspection began at 9:17 am. In addition to Mr. Thomas and Major Abbott, we were joined by Lt. Vargas and Sgt. Kuhlen. All staff were helpful in completing the inspection. The inspectors were able to speak with the inmate tier representative prior to inspecting the unit. He reported that one of the twelve telephones on the unit was broken, and that it had previously been reported via multiple telephone discrepancy forms. GTL telephone staff were alerted about the broken telephone. In addition, although the JPay kiosks were working, he indicated that they were slow and the screen would occasionally freeze. This information was reported directly to JPay.

Section I - The inspectors noted that the housing unit was very clean. The showers were clean and functional, and each had an opaque shower curtain that afforded privacy. It was noted that one shower was not functional due to a maintenance issue. The inspectors viewed each cell and spoke to every available inmate. It should be noted that no one reported to be missing any items, such as pillows, mattresses, blankets or sheets. It was observed that three cells on the unit had very low water pressure. This was immediately reported to custody staff. By mid-afternoon, we were notified that maintenance had been notified of the issues that needed to be repaired.

It is noted that South Woods is a climate controlled facility; therefore, the windows are fixed, and do not open.

Section II - The inspectors were not on the unit while a meal was being served. Staff advised that the food is brought to the unit in insulated carts and the food is served on reusable trays. The sergeant advised that the trays were relatively new and in good condition. It was reported that those inmates that serve the food wear hair nets, gloves and masks.

Section III - The housing unit officer showed the inspectors the cleaning supplies available on the housing unit and advised that they are available to inmates upon request. All inmates advised the inspectors that they have access to the cleaning supplies to clean their cells.

Section IV - Fire extinguishers are kept in locked cabinets in several locations around the housing unit. All of the extinguishers had valid certification stickers. Cameras were visible on the unit and were said to be working. Staff and inmate were wearing masks on the unit. Staff advised that cloth masks were disseminated to the entire inmate population a few weeks before, and that disposable surgical-style masks are available to any inmate that needs one.

Section V - Inspectors observed that all of the required forms were available on the housing unit, either on a shelving unit or directly from the officer.

The inspection was completed 10:00 am.

***Administrator or Designee's comments and corrective action taken:***

GTL telephone staff were alerted about the broken telephone. Below is the response from GTL:

Mr. Powell,

Per our conversation, you reported to me that housing 1-1L and 1-2L each have a broken inmate telephone. We will be scheduling both units for repair in the next few days.

Our office did received a telephone discrepancy on May 17, 2021 reporting that housing 1-2L has a phone with a broken handset. The discrepancy states it is the far right middle phone by the steps.

Dawn Dayton

GTL | Lead Service Administrator Technician

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Name: John Blakeslee  
Kristin King

Title: Assistant Ombudsperson  
Assistant Ombudsperson

Date: May 13, 2021